

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069445		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51			
2	1		1			52			
3						53			
4	2		1			54			
5	2		1			55			
6	2		1			56			
7	2		1			57			
8	2		1			58			
9						59			
10						60			
11						61			
12						62			
13						63			
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15						65			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1	1				TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS	1	1				TOTAL CLAIMS			